



FORM REQUIRED: For the current spouse of any individual owning 5% or more, either directly or indirectly, of a liquor establishment located within the City of Chicago.

INSTRUCTIONS: Provide the requested information below. If more room is needed to complete any of the following sections, include an attachment. This form must be signed and notarized by the spouse whose information is provided on this form.

PERSONAL INFORMATION ► PLEASE PROVIDE THE PERSONAL INFORMATION REQUESTED BELOW

[SPOUSE] First Name	Middle Name	Last Name	Maiden Name (if applicable)	Suffix
[SPOUSE] SSN or ITN	Date of Birth (MM/DD/YYYY) / /	Employer	Occupation	Title
[APPLICANT] First Name	Middle Name	Last Name	Maiden Name (if applicable)	Suffix
[APPLICANT] SSN or ITN	Date of Birth (MM/DD/YYYY) / /	Street Address of Liquor Establishment		Floor

PROHIBITED ACTIVITIES ► REVIEW THE FOLLOWING PROHIBITED CRIMINAL CONVICTIONS

1. Any felony under federal or state law;
2. Keeping a house of prostitution;
3. Any violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor, or the forfeiture of bond to appear in court to answer charges for any such violation;
4. Any violation of any federal or state law concerning the manufacture, possession or sale of cannabis, narcotics or other controlled substances, or the forfeiture of bond to appear in court to answer charges for such violation;
5. Any gambling offense; or
6. Being the sole proprietor, partner, corporate officer, limited liability company member, manager or shareholder owning more than five percent of a revoked liquor licensee.

LEGAL AFFIDAVIT ► CHECK ONE OF THE TWO FOLLOWING STATEMENTS THAT BEST DESCRIBES YOUR CRIMINAL BACKGROUND

☐ No, I have never been convicted of any of the above listed crimes

☐ Yes, I have been convicted of one or more of the above listed crimes, as follows:

Type of Offense	Conviction Date	Penalty/Sentence	Jurisdiction (State & County)
	/ /		
	/ /		
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	/ /		
	/ /		
	/ /		
	/ /		

ACKNOWLEDGEMENT ► REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I swear (or affirm) that the statements contained herein are true and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date _____
 Subscribed and sworn to before me this _____ Day of _____ 20____

Notary Public in and for said County and State

(PLACE SEAL HERE)